| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  |  |   |  |                                |                     |                                |           |   | Application or Docket Number  /0/59363/ |                            |              |                         |  |
|--|--|---|--|--------------------------------|---------------------|--------------------------------|-----------|---|---|----------------------------|--------------|-------------------------|--|
|  |  | CLAIMS A                                  | S FILED - P  | (Column 2)                     |                     |                                | SMALL ENT | TY OR                                   |   | OTHER THAN<br>SMALL ENTITY |              |                         |  |
| U.S. NATIONAL STAGE FEES   |  |   | 14   |                                |                     |                                |           | RATE                                    | FEE                                     | ]                          | RATE         | FEE                     |  |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                | LARC                | GE ENT. = \$ 300               |           | BASIC FEE                               |   | OR                         | BASIC FEE    | 300                     |  |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                                |                     | her situations = 100 / \$ 200  |           | EXAM. FEE                               |   | 1                          | EXAM. FEE    | 200                     |  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                |                     | ther situations = 250 / \$ 500 |           | SEARCH FEE                              |   |                            | SEARCH FEE   | 400                     |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                |                     | / 50 =                         |           | X \$ 125 =                              |   |                            | X \$ 250 =   |                         |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | / minus 20 =   |                                | *                   |                                |           | X \$ 25 =                               |   | OR                         | X \$ 50 =    |                         |  |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =  |                                | *                   |                                |           | X \$ 100 =                              |   | OR                         | X \$ 200 =   |                         |  |
| MULTIPLE DEPENDENT CLAIM PRI   |  |   | ESENT  | ~                              |                     | . 🗆                            |           | + \$ 180 =                              |   | OR                         | + \$ 360 =   |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                |                     |                                | TOTAL     |   | OR                                      | TOTAL                      | 900          |                         |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS RIGHEST  |  |   |  |                                |                     |                                |           | OTHER THAN SMALL ENTITY OR SMALL ENTITY |   |                            |              |                         |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMI<br>PREVIO<br>PAID         | BER<br>DUSLY        | PRESENT<br>EXTRA               |           | RATE                                    | ADDI-<br>TIONAL<br>FEE                  |                            | RATE         | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total  | · 14                                      | Minus  | -2                             | 0                   | =                              |           | X \$ 25 =                               |   | OR                         | X \$ 50 =    |                         |  |
|  | Independent                                    | · 3                                       | Minus  | ···                            | 3                   | =                              |           | X \$ 100 =                              |   | OR                         | X \$ 200     |                         |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                     |                                |           | + \$ 180 =                              |   | OR                         | + \$ 360 =   |                         |  |
|  |  |   |  |                                |                     |                                |           | TOTAL ADDIT.<br>FFF                     |   | OR                         | TOTAL ADDIT. |                         |  |
|  |  | (Column 1)                                |  | (Colur                         | nn 2)               | (Column 3)                     |           |   |   |                            |              |                         |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA               |           | RATE                                    | ADDI-<br>TIONAL<br>FEE                  |                            | RATE         | ADDI-<br>TIONAL<br>.FEE |  |
|  | Total  | •   | Minus  | <b>A</b> *                     |                     | =                              |           | X \$ 25 =                               |   | OR                         | X \$ 50 =    |                         |  |
| AMEN   | independent                                    | •   | Minus '  | ***                            |                     | =                              |           | X \$ 100 =                              |   | OR                         | X \$ 200 =   |                         |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                     |                                |           | + \$ 180 =                              |   | OR                         | + \$ 360 =   |                         |  |
|  |  |   |  |                                |                     |                                |           | TOTAL ADDIT.<br>FFF                     |   | OR                         | TOTAL ADDIT. |                         |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                                |                     |                                |           |   |   |                            |              |                         |  |